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UNFPA

UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Madagascar
Support for a comprehensive population programme

Proposed UNFPA assistance: \$7 million, of which \$5 million would be programmed from UNFPA regular resources. UNFPA would seek to provide the balance of \$2 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available.

Estimated value of the
Government's contribution: To be determined

Duration: Five years

Estimated starting date: January 1993

Executing agencies: Government of Madagascar
United Nations and United Nations agencies and organizations
National and international non-governmental organizations (NGOs)

Government coordinating
agency: Ministry of Planning

Madagascar

Demographic facts

Population (000)		Average annual change (000)	
Total	12,010	Population increase	429
Males	5,947	Births	595
Females	6,063	Deaths	166
Sex ratio (/100 females)	98.1	Net migration	0
Urban	2,860	Annual population total (% growth)	3.29
Rural	9,151	Urban	5.84
Per cent urban	23.8	Rural	2.14
Population in year 2000 (000)	16,579	Crude birth rate (/1000)	45.5
Functional age groups (%)		Crude death rate (/1000)	12.7
Young child: 0-4	18.2	Net migration rate (/1000)	0.0
Child: 5-14	26.9	Total fertility rate (/woman)	6.60
Youth: 15-24	18.9	Contraceptive prevalence rate (% 15-44)	..
Elderly: 60+	4.8	Gross reproduction rate (/woman)	3.26
65+	3.0	Net reproduction rate (/woman)	2.43
Percentage of women aged 15-49	44.9	Infant mortality rate (/1000)	97
Median age (years)	17.4	Maternal mortality rate (/100,000)	240
Dependency ratios: total	92.7	Life expectancy at birth (years)	
(/100) Aged 0-14	87.0	Men	54.0
Aged 65+	5.7	Women	57.0
Agricultural population density		Both sexes	55.5
Population density (/sq. km.)	20	GNP per capita (U.S. dollars, 1991)	230
(/hectare of arable land)	3.6		

Sources: Population density on arable land is derived from two publications issued by the Food and Agriculture Organization of the United Nations: FAO Production Yearbook 1985 and World-wide Estimates and Projections of Agricultural and Non-Agricultural Population Segments 1950-2025, ESS/MIS/86/2; gross national product per capita: World Bank, World Development Report 1992. Figures for population, total population by sex, population by age group, age indicators, urban-rural population, and population density (/sq. km.) refer to the year 1990; figures for average annual change, rate of annual change, and fertility and mortality are the five-year averages for 1990-1995. These data are from the Population Division, Department of Economic and Social Development of the United Nations, World Population Prospects: 1992. Figures for maternal mortality are for 1980-1990; figures for contraceptive prevalence rates are for currently married women aged 15-44. Both are from table 5 of World's Women: Trends and Statistics, 1970-1990, New York, United Nations, 1991 (ST/ESA/STAT/SER.K.8). Two dots (..) indicate that data are not available.

I. SUMMARY

1. The United Nations Population Fund (UNFPA) proposes to support a comprehensive population programme in the amount of \$7 million, of which \$5 million would be programmed from UNFPA's regular resources, over a five-year period, starting January 1993, to assist the Government of Madagascar in achieving its population and development objectives. UNFPA would seek to provide the balance of \$2 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available.

2. This would be the third UNFPA programme of assistance to the Government of Madagascar. Since 1980, UNFPA has provided assistance to Madagascar in support of two comprehensive population programmes. The first, approved in June 1980 in the amount of \$8 million for a five-year period (1980-1985), was extended to December 1986 as a result of low implementation. The second, in the amount of \$4 million, which started in January 1987 for four years, also had to be extended due to the socio-political situation that prevailed in the country.

3. The proposed programme is based on the major findings and recommendations of the Programme Review and Strategy Development (PRSD) mission fielded by UNFPA in June 1992. It is designed to help the Government to come as close as possible to achieving the objectives set forth in the national population policy document approved by its National Assembly in December 1990. It would have the following specific goals to be attained by 1997: (a) to assist concerned national entities to formulate operational plans and programmes for the implementation of the national population policy; (b) to reduce the maternal and child mortality rate by 25 per cent by expanding accessibility to integrated maternal and child health and family planning (MCH/FP) services; (c) to increase family planning coverage and the contraceptive prevalence rate from 3 per cent in 1992 to 14 per cent in 1997; (d) to improve the status and the role of women in the development process by assisting in the design of a national strategy and programme for the advancement of women; and (e) to enhance knowledge of demographic indicators for planning and evaluation purposes.

4. All projects under the proposed programme, as in all UNFPA-assisted programmes, would be undertaken in accordance with the principles and objectives of the World Population Plan of Action; that is, that population policies should be consistent with internationally and nationally recognized human rights of individual freedom, justice and the survival of national, regional and minority groups (para. 14 (d)); that respect for human life is basic to all human societies (para. 14 (e)); and that all couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so (para. 14 (f)).

II. BACKGROUND

5. Demographic trends. In 1990, Madagascar, an island of 587,000 square kilometres, was estimated to have 12 million inhabitants. The population is unevenly distributed in the country's six provinces, and internal migration is widespread, in particular from the south, which is affected by drought, towards the capital and the north. As a result, the urban population is growing at an annual rate of 6 per cent. The annual population growth rate is 3.3 per cent, which if sustained would mean that the population would double in 22 years. The total fertility rate of 6.6 children per woman results from a socio-cultural context that favours large families and early marriage. Approximately 45 per cent of the population is under 15 years of age, and the dependency ratio is quite high at 93 per 100 population 15-64 years of age. The limited available data suggest a high death rate, especially among children. From the mid-1970s to 1990, the infant mortality rate increased from 80 to 120 per 1,000 mainly because of the continuous deterioration of living conditions and

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the degradation of health services. Maternal mortality, estimated at around 400 deaths per 100,000 live births, is partly linked to the high occurrence of illegal abortions.

6. During the past two decades, the demographic situation was not a major source of concern to the Government. In the 1990s, partly as a result of deteriorating socio-economic conditions and the rapid rate of population increase, the Government's attitude towards population issues evolved in a positive way. This led to the adoption of a comprehensive population policy in December 1990. The National Group of Parliamentarians on Population established in 1989 was instrumental in sensitizing decision makers and the public to the principles of the policy. The policy is not restricted to demographic issues but also addresses social and human development issues as well. It delineates demographic, economic, socio-cultural and political responses to improve the quality of life of the population. The policy has yet to be translated into operational sectoral plans, and the authorities therefore have not been able to assess the financial and human resources required to implement it.

7. Economic and social conditions. Madagascar has experienced deteriorating economic conditions principally due to low global prices of the main cash crops (coffee and vanilla), fiscal and trade-balance deficits, heavy debt and high inflation. The gross national product (GNP) per capita dropped from \$340 in 1972 to \$230 in 1989. It now ranks among the poorest countries in the world and was classified by the United Nations as a least developed countries (LDC) in 1991. Since 1986 the Government has embarked on a structural adjustment programme that includes several agreements signed with the World Bank in the areas of industry, agriculture, the public sector, social programmes, and support in managing the national economy. The once centralized and state-run economy has given way to a free-market approach. These drastic reforms produced a few encouraging results, but the economy came to a standstill in 1991 because of political turmoil and general strikes that paralysed both the private and public sectors. A transitional government was formed, a new constitution adopted and presidential elections held in 1992.

8. These economic problems have had serious repercussions on social sectors. The health sector's budget, for example, decreased from 10 to 6 per cent of overall government expenditures. This led to shortages of drugs and equipment and the closing of numerous health units. There are now 1,087 primary health care units, 799 health centres and 69 hospitals in the country while trained personnel includes 1,227 medical doctors, 25 pharmacists and 101 dentists. It is estimated that only 65 per cent of the population is within one-hour walking distance of a health facility. The main causes of morbidity are malaria and acute respiratory diseases. Malnutrition is a major cause of infant mortality. The alarming increase in the number of tuberculosis cases (20 per cent a year) since 1985 is a cause of concern, particularly in view of its association with AIDS. However, only 2 AIDS and 18 HIV-seropositive cases have been reported to date. In 1992, an agreement was signed with the World Bank for a major reform of the health sector.

9. The number of health units providing family planning services has increased from 50 in 1989 to 147 at present. Of these units 58 are run by the Ministry of Health, 10 by FISA (the local International Planned Parenthood Federation (IPPF) affiliate) and 79 jointly by the Ministry of Health and by FISA. Some clinics run by private enterprises and parastatal bodies also offer family planning services. Ten centres are equipped to perform surgical contraception; 2 centres provide Norplant sub-dermal contraceptive implants, which have been successfully introduced with assistance from UNFPA and the Population Council. The family planning programme, which had received assistance only from IPPF and UNFPA during the 1980s, has now attracted more donors, notably the World Bank and the United States Agency for International Development (USAID). The adoption of a population policy by the Government in December 1990 has helped in the promotion of family planning services. Still, it is estimated that only 5 per cent of pregnant women undergo the four recommended prenatal consultations.

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10. During the period of monarchy in Madagascar, there was a tradition of women holding high office. In spite of this tradition, women tend to be underrepresented in the professional fields. Women do have equal access to education opportunities and enjoy many rights, although the majority may not always be well informed about these rights. In 1988, 92 per cent of eligible girls were enrolled in primary school. The illiteracy rate for women over 15 was estimated at 38 per cent compared to 26 per cent for men. Women's economic activities are limited by a lack of markets. A Directorate on the Condition of Women and Children within the Ministry of Population is responsible for developing women's programmes and activities.

11. Since the mid-1980s there has been a consensus in Madagascar about the need to safeguard the environment. This was generated by rapid deforestation caused by adverse climatic conditions, traditional agricultural techniques and demographic pressure. The Government set up a National Office for the Environment in 1989 and officially adopted an Environmental Charter in December 1991.

III. REVIEW OF UNFPA AND OTHER ASSISTANCE TO DATE

12. Since 1970, UNFPA has provided assistance to Madagascar, first through individual projects designed to address specific needs and, since 1980, through two comprehensive population programmes. The second of these programmes, 1987-1990, was extended to 1992 because of political unrest. Its primary goal was to create awareness of the country's population issues; promote the integration of family planning/birth spacing into MCH services; establish a population unit within the Ministry of Planning to lay the groundwork for formulating a population policy; and increase the involvement of women in population and development activities. An overall assessment shows that the programme achievements were satisfactory: The Government has now accepted the goals of family planning, and services are now available in 58 governmental health and 79 joint services units; political leaders and decision makers have been sensitized to the interrelationships between population and socio-economic development, which facilitated the adoption of the comprehensive population policy in December 1990; activities are well advanced for carrying out the second population and housing census which had been postponed because of political unrest; the integration of population and family life education concepts into the educational system has been tested and curricula have been developed; and women leaders have been trained in four provinces with the aim of carrying out family life education and promoting income-generating activities for women.

Maternal and child health and family planning

13. At the beginning of the second country programme in 1987, the Government of Madagascar was not prepared to integrate family planning into its health system. UNFPA helped to develop a pilot project to introduce family planning services in a selected number of public health services. The project relied on the epidemiological approach of identifying those at high risk and encouraging them to use child spacing as a means of family planning. In the private sector, assistance was provided to reinforce the family planning services of FISA, JIRAMA (the parastatal National Electricity and Water company) and SALFA (the Lutheran Church Group). Activities consisted of training medical personnel in clinical family planning techniques, counselling and data collection; providing contraceptives and medical, office, data-processing and audio-visual equipment; and improving the MCH/FP logistics and information system. In collaboration with The Population Council, Norplant was introduced and is now being used by 200 women. By the end of 1992, services were available in 147 health centres including 58 in the public sector. A better assessment of the contraceptive prevalence rate, currently estimated at 3 per cent, will be available upon completion of the Demographic and Health survey currently being carried out. The Government of Madagascar, FISA, JIRAMA and SALFA were the implementing agencies for the sector, with technical backstopping from the Université Libre de Bruxelles.

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14. In spite of the progress made, the programme experienced a number of weaknesses that need to be addressed: (a) the Health Department lacks adequate expertise in planning, management and evaluation of the integrated MCH/FP programme; (b) decision-making and supervision of activities are overly centralized; (c) although an MCH/FP national plan has been outlined, a strategy based upon a programme approach has yet to be adopted to replace the great number of individual projects supported by various donors; and (d) access to services is hindered by inadequate geographical coverage as well as shortage of equipment and essential drugs and the lack of motivation of health-care personnel. Moreover, the different prices charged by the various service providers are a source of confusion among acceptors. There is a need, therefore, to prepare a comprehensive plan for training health-care personnel and to develop a research strategy. Similarly, an IEC programme to support MCH/FP activities has to be developed in order to counter negative rumours about family planning and increase knowledge of the health benefits of family planning.

Information, education and communication

15. Initially, the UNFPA programme of assistance included the funding of mass media communication activities in the field of population to be carried out by the Ministry of Information. But this did not materialize as planned, partly due to the lack of official government commitment to population issues before the adoption of the national policy in December 1990. In addition, the Ministry of Information did not perceive that it had a role to play in the population sector. As a result, UNFPA assistance in the IEC informal sector consisted mainly in supporting the awareness-creation activities of the National Group of Parliamentarians on Population, which had been set up within the National Assembly to promote the understanding of the interrelationship between population and development among parliamentarians, political leaders, provincial administrators and the public. The Group played an important advocacy role in the adoption of the population policy. In addition to organizing a number of seminars and meetings on population issues, the Group has proposed revisions to laws in order to benefit women in such areas as marriage and legal residence, and has worked to repeal the 1920 law prohibiting the sale of contraceptives. It has also initiated a study to revise the Family Code and land inheritance system.

16. In the formal sector, UNFPA assisted the Ministry of Education in developing a pilot programme to integrate population and family life education concepts into the school system at the upper-primary and lower-secondary levels. Activities included the training of a core team at the central level and pedagogical staff, headmasters and teachers at provincial levels. Curricula, teaching manuals and materials and a general reference guide have been prepared and tested in 18 schools. Parents and decision makers have been sensitized to the need for population and family life education for youth. The programme suffered from a long interruption due to general strikes that paralysed the public sector in 1991. In addition, the strategy to introduce these topics had to be reviewed in the context of the major overall educational reform currently being undertaken by the Ministry of Education.

Data collection and analysis

17. The main intervention of UNFPA in data collection was to assist the Government in carrying out its second post-Independence population and housing census. The enumeration that was scheduled to take place in 1990 had to be postponed because of political unrest. Preparatory activities, including cartographic work, preparation of questionnaires and training of enumerators, have been conducted.

18. In order to have updated information on mortality, other demographic indicators and the contraceptive prevalence rate, UNFPA supported, in collaboration with USAID, the Demographic and Health Survey undertaken in 1992 by the Research Unit of the Ministry of Higher Education. UNFPA also provided

assistance to the Division of Maternal and Child Health of the Ministry of Health to collect and analyse MCH/FP statistics. Although data have been published, the analysis is inadequate due to the lack of expertise in the field of computer systems and statistics.

Population policy formulation

19. In 1987, UNFPA assisted the Ministry of Planning in setting up a Population and Development Unit in preparation for the formulation a population policy. In order to have updated data, the Unit commissioned a number of studies that included population projections for Madagascar; the concept of development in the Malagasy socio-cultural context; the living conditions of women; fertility levels; and the Madagascar family. The Unit also prepared a document on methodology for integrating population variables into socio-economic development plans. The Unit organized a series of seminars and meetings to sensitize political leaders, decision makers and parliamentarians to the country's population issues and to the demographic component of socio-economic development. The Futures Group was invited to collaborate in a national seminar to demonstrate the consequences of rapid population growth on development. A comprehensive population policy was elaborated and approved by the National Assembly in December 1990. However, it was not possible to integrate population variables into development plans because the Government's 1991-1995 National Development Plan was not formulated into national and sectoral action plans.

Women, population and development

20. UNFPA provided support to the Social Unit of the Ministry of Population in integrating population and family life education into the activities run by its network of Women's Promotion Centres. A component for income-generating activities for women, including the use of a revolving fund, was also included. Under the programme, still on a pilot basis in five of these centres, the Unit arranged for the training of a core technical team in the field of management and qualitative research; conducted a sociocultural survey through focus group discussions to ensure a better targeting of IEC messages; and produced educational and multi-media materials, including posters, cartoons, leaflets, radio plays and picture-boxes. Women leaders were trained in the use of those materials. Modalities for a revolving fund to promote income-generating activities have also been developed.

21. UNFPA also supported a study on local traditional practices relating to fertility and contraception based on a sample of urban, suburban, and rural female population. The findings show a significant incidence of abortion both in rural and urban areas and a widespread use of traditional herbal medicines for abortion and birth control. The findings of the study reveal a large need for family planning and IEC services, which will have to be disseminated among national IEC specialists and incorporated in the sensitization campaign to promote modern contraceptive methods and expand family planning activities.

Other external assistance

22. The other major donors in the field of population in Madagascar are the World Bank, USAID, UNICEF and IPPF. In the context of the structural adjustment programme, the World Bank supported a household survey that includes demographic aspects. Since 1988 the World Bank has been supporting a \$25 million programme to extend, renovate and strengthen primary health care centres including those that provide MCH/FP services; to prevent contagious and endemic diseases such as malaria; and to promote the development of village community dispensaries. An agreement for a loan of \$31 million for 1992-1996 has also been signed with the World Bank for an overall restructuring and reorganization of the health sector.

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23. USAID provided assistance to help formulate the population policy, conduct the population census and the Demographic and Health Survey, and support various activities related to IEC conducted by the Ministry of Health and FISA. In 1992, the Government signed a \$33 million agreement with USAID for an eight-year comprehensive population programme whose aim is to expand family planning and IEC services as widely and rapidly as possible. USAID also supports an environmental protection project called "Nature/Debt" which includes the training of foresters in population education.

24. Within the framework of its 1991-1994 programme, UNICEF funds activities for extended immunization; the fight against malaria and diarrhoeal diseases; development of integrated IEC activities; upgrading of health facilities and training of health personnel; and the introduction of environmental protection concepts into schools curricula. UNICEF places emphasis on community health funding in the context of the Bamako Initiative.

25. UNDP has provided help to improve technical assistance and provision of medical and laboratory equipment, MCH services and prevention of the spread of sexually transmitted diseases (STDs) and AIDS. It has also extended assistance to train women in the management of small enterprises; to facilitate the management and planning of higher education; and to conduct the population and housing census.

26. Other donors such as the French Government and the European Community also give support to the primary health care sector and participate in the reform of the educational system.

IV. THE PROPOSED PROGRAMME 1993-1997

27. The proposed programme takes into account inputs from other collaborating partners, namely the World Bank, USAID, UNICEF and UNDP. It is based on the major findings and recommendations of the PRSD mission fielded by UNFPA in June 1992. The mission underscored the positive evolution in the Government's perception of population issues, stressed the importance of the programme approach and identified some key objectives that the population programme should aim at. These are: to reinforce the general awareness of the national population policy so as to sustain national consensus and ensure full participation in its implementation; to promote, extend and improve family planning services, primarily by integrating such services into the health network and emphasizing the use of Safe Motherhood initiatives; to expand IEC activities to bring about behavioural changes favouring smaller families and to raise awareness about the need to create a balance between population and the environment; to elaborate a national policy for women, population and development; to enhance knowledge of demographic indicators; and elaborate a programme to integrate youth into population activities.

28. The national population policy adopted by the Government in December 1990 includes the following objectives to be attained by the year 2000: (a) to reduce the infant mortality rate from 120 to 70 per 1,000; (b) to reduce the total fertility rate from 6.5 to 4; (c) to reduce the annual population growth from 3.2 per cent to 2 per cent; (d) to facilitate access to contraceptive methods to all couples and individuals by setting up at least one family planning service point per district; (e) to improve the status of women and to increase their participation in the development process; and (f) to reduce environmental degradation. The PRSD mission felt that these objectives were too ambitious to be achieved in such a short period of time and therefore recommended that they be reviewed as soon as data from the population census and the Demographic and Health survey become available.

29. The proposed UNFPA programme is thus designed to help the Government to come as close as possible to reaching the above objectives. Its specific goals are detailed in paragraph 3. The strategies to be

employed to attain these goals would seek to: (a) strengthen the technical capabilities of the key ministries involved in the implementation of the national population policy, namely the Ministry of Planning, the Ministry of Population and the Ministry of Health; (b) ensure that population concerns are taken into account in all development planning taking place during the period; (c) reinforce the role of the Ministry of Health in MCH/FP service delivery; (d) promote full acceptance and implementation of the population policy through attitudinal, behavioural and educational changes of such specific target groups as civil servants, youth and rural inhabitants; (e) elaborate a data collection plan as well as a research programme that takes into account, among other things, internal migration, urbanization and population distribution; (f) formulate, in collaboration with UNDP and UNICEF, a global programme relating to women and development; and (g) help develop a coordination mechanism between the Government and donors in order to promote a programme approach to population activities.

Maternal and child health and family planning

30. The proposed programme in the field of MCH/FP would give priority to several objectives. At the central level, it would aim to reinforce the technical capacity of the MCH/FP Division of the Directorate of Preventive Medicine, Ministry of Health, in order to ensure its status as the lead agency in MCH/FP activities. At the regional level, UNFPA would assist in reinforcing the management of MCH/FP in four provinces (to complement USAID's intervention) so as to: (a) promote decentralization of activities; (b) extend integrated MCH/FP services to 200 additional health units in the four provinces and upgrade facilities to improve MCH/FP service delivery and increase family planning coverage; (c) develop a framework for operational research as part of an IEC strategy for family planning; (d) promote the Safe Motherhood approach as a means of improving women's reproductive health and addressing the high level of maternal mortality linked to complicated and high parity pregnancies and abortions; (e) develop, in collaboration with the World Bank and USAID, a comprehensive training plan for medical and paramedical personnel to meet the needs for qualified personnel required for the expansion of the programme; and (f) coordinate the procurement and distribution of contraceptives based on the needs of the government health network and NGOs active in family planning. Since UNFPA stresses freedom of choice in the use of contraceptives, health personnel would be trained to promote a wider range of contraceptives. With the aim of promoting self-sufficiency, a cost recovery scheme would be considered in the MCH/FP sector in collaboration with other donors.

32. UNFPA would provide a total amount of \$3.5 million for MCH/FP activities, of which \$1 million would be sought from other sources, including multi-bilateral sources.

Information, education and communication

33. As recommended by the PRSD mission, the strategy in the IEC sector would be to reach specific target groups. In that context and as a way of complementing the important input of USAID in IEC for family planning, UNFPA-supported population IEC activities would be aimed primarily at youth and the rural population. For youth, UNFPA would assist the Directorate of Youth of the Ministry of Youth and Sports to conduct a study on the needs and aspirations of young people. The findings of the study would be used to prepare a strategic action plan to integrate youth into MCH/FP programmes by setting up special counselling and service centres and by developing relevant activities and messages. This would be done in collaboration with various NGOs, including religious groups and the Malagasy Scouts Club and other donors, namely IPPF, USAID and UNICEF.

34. The other component of the programme in IEC would aim at assisting the Directorate of Agricultural Production and the Division of Communication and Information of the Ministry of Agriculture in integrating

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population education concepts, in particular population, agricultural production and environmental interactions, into its extension services. This would consist of training rural extension workers in population and family life education and communication skills, and undertaking sociocultural studies to serve as the basis for developing messages and educational materials geared towards rural communities. Similarly, UNFPA would assist the Directorate of Adult Education of the Ministry of Population in integrating population and family life education concepts into its functional literacy programme and in training its network of instructors and motivators.

35. In the formal educational sector UNFPA would continue its assistance for the integration of population and family life education concepts into the curricula of the school system. This activity, which has been tested on a pilot basis in 18 schools at the upper-primary and lower-secondary levels, would be extended to all levels including teacher training colleges. The overall educational reform currently being undertaken by the Government would facilitate the incorporation of these subjects into the initial revision of the curricula. UNFPA would collaborate with donors contributing to that reform, namely the French Government, the German Agency for Technical Cooperation (GTZ) and the World Bank in order to determine the type of assistance required. In addition, information materials, leaflets and brochures relating to such topics as the risks associated with teenage pregnancies, abortions and STDs would be made available to students.

36. UNFPA would provide a total amount of \$1.6 million for the IEC sector, of which \$500,000 would be sought from other sources, including multi-bilateral sources.

Data collection and analysis

37. In the area of data collection and analysis, the programme would aim at updating socio-economic and demographic data for use in development planning and for evaluating the impact of the population programme. In collaboration with UNDP and USAID, UNFPA would continue its assistance to the population census, which is planned to be conducted as soon as security conditions permit. Support would be provided for the dissemination of data through the holding of national and regional seminars. In addition, UNFPA would support the elaboration of a comprehensive strategy and programme to coordinate and rationalize data collection. A research study on migration would also be undertaken to assess levels and trends in rural-to-urban migration. The study's findings would be used for planning purposes. In 1997, UNFPA would provide assistance to conduct a second round of the Demographic and Health Survey, which would help in assessing the impact of the population programme.

38. UNFPA would provide an amount of \$400,000 for data collection and analysis activities, of which \$100,000 would be sought from other sources, including multi-bilateral sources.

Population policy formulation

39. UNFPA proposes to assist the Government of Madagascar in reinforcing its technical and institutional capabilities to implement the national population policy and to integrate population variables into development plans and programmes. UNFPA proposes to strengthen the Ministry of Population through technical assistance, training and provision of equipment to enable it to coordinate the implementation of the policy; to assist in preparing a national action plan; to set up a National Population Commission; and to create intersectoral technical committees at national and regional levels to promote coordination among the ministries, institutes and NGOs concerned. UNFPA would also assist in reinforcing the role of the Population Planning Unit of the Ministry of Planning so that it can define a new planning framework taking into account population variables, develop a research framework to assess the impact of the policy, and update its objectives

as necessary. The Ministry of Population and the Population and Development Unit would conduct joint mass media programmes and social mobilization activities in the provinces in order to create awareness among decision makers, planners, political and religious leaders of the importance of integrating population factors into development plans.

40. UNFPA would provide an amount of \$700,000 for this sector, of which \$200,000 would be sought from other sources, including multi-bilateral sources.

Women, population and development

41. UNFPA proposes to collaborate with UNDP and UNICEF in strengthening the technical capability of the Directorate on the Condition of Women of the Ministry of Population to elaborate a strategy and action programmes for the advancement of women. This would also include strengthening the technical capability of key ministries and NGOs for integrating women's concerns in their respective activities. Studies on women's issues, including women's reproductive health, would be commissioned and the findings used to help prepare the strategy. In addition, UNFPA would continue its assistance to the Ministry of Population to extend micro-enterprise and family life education activities to Women's Promotion Centres around the country. UNFPA would provide \$600,000 for women, population and development activities, of which \$200,000 would be sought from other sources, including multi-bilateral sources.

Programme reserve

42. An amount of \$200,000 would be held in reserve for new proposals that would be developed within the framework of the proposed programme.

Programme coordination

43. In addition to the National Population Commission, which, when established, would help to achieve the requisite political involvement, an intersectoral technical committee for coordination comprising the key ministries, research institutes and NGOs involved in the implementation of the population policy would be set up, with the Ministry of Population as secretariat. Five sub-committees would be constituted in the various areas of mutual concern. Two annual meetings would be scheduled to examine plans for each sector and to evaluate their appropriateness in relation to the programme objectives and their impact. In the context of the Joint Consultative Group on Policy (JCGP), regular meetings would be organized among representatives of United Nations agencies in a concerted effort to avoid duplication of activities. Regular meetings among other donors would also be held in an effort to coordinate assistance.

Programme monitoring, evaluation and management

44. The Country Director, in collaboration with the UNFPA Representative, and assisted by two national programme officers would provide assistance and guidance to the Government in the implementation of the proposed programme. Standard UNFPA procedures on monitoring and evaluation would be followed, including annual reviews, progress reports and field visits. All projects would have built-in evaluation mechanisms, and the major ones would be subject to independent evaluations. A mid-term review meeting would be organized in late 1995 to assess the implementation of the programme and make recommendations for its final phase. UNFPA would make full use of available and appropriate national technical assistance, complemented by the UNFPA Country Support Team located in Harare, Zimbabwe.

Financial summary

45. As indicated in paragraph 1, UNFPA would provide assistance in the amount of \$7 million over the five-year period 1993-1997, of which \$5 million would be programmed from UNFPA's regular resources. UNFPA would seek to provide the balance of \$2 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available. The breakdown by programme area is as follows:

	<u>UNFPA regular resources</u>	<u>Other resources</u>	<u>Total</u>
Maternal and child health and family planning	2,500,000	1,000,000	3,500,000
Information, education and communication	1,100,000	500,000	1,600,000
Data collection and analysis	300,000	100,000	400,000
Population policy formulation	500,000	200,000	700,000
Women, population and development	400,000	200,000	600,000
Programme reserve	<u>200,000</u>	<u>--</u>	<u>200,000</u>
TOTAL	5,000,000	2,000,000	7,000,000

V. RECOMMENDATION

46. The Executive Director recommends that the Governing Council:

- (a) Approve the programme for Madagascar in the amount of \$7 million for the five-year period 1993-1997;
- (b) Authorize the Executive Director to programme, subject to the availability of funds, an amount of \$5 million from UNFPA's regular resources over the period 1993-1997;
- (c) Further authorize the Executive Director to seek to provide the balance of \$2 million of the approved programme from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources from any of the above sources become available;
- (d) Authorize the Executive Director to allocate the funds and make appropriate arrangements with the Government of Madagascar and with the executing agencies.
